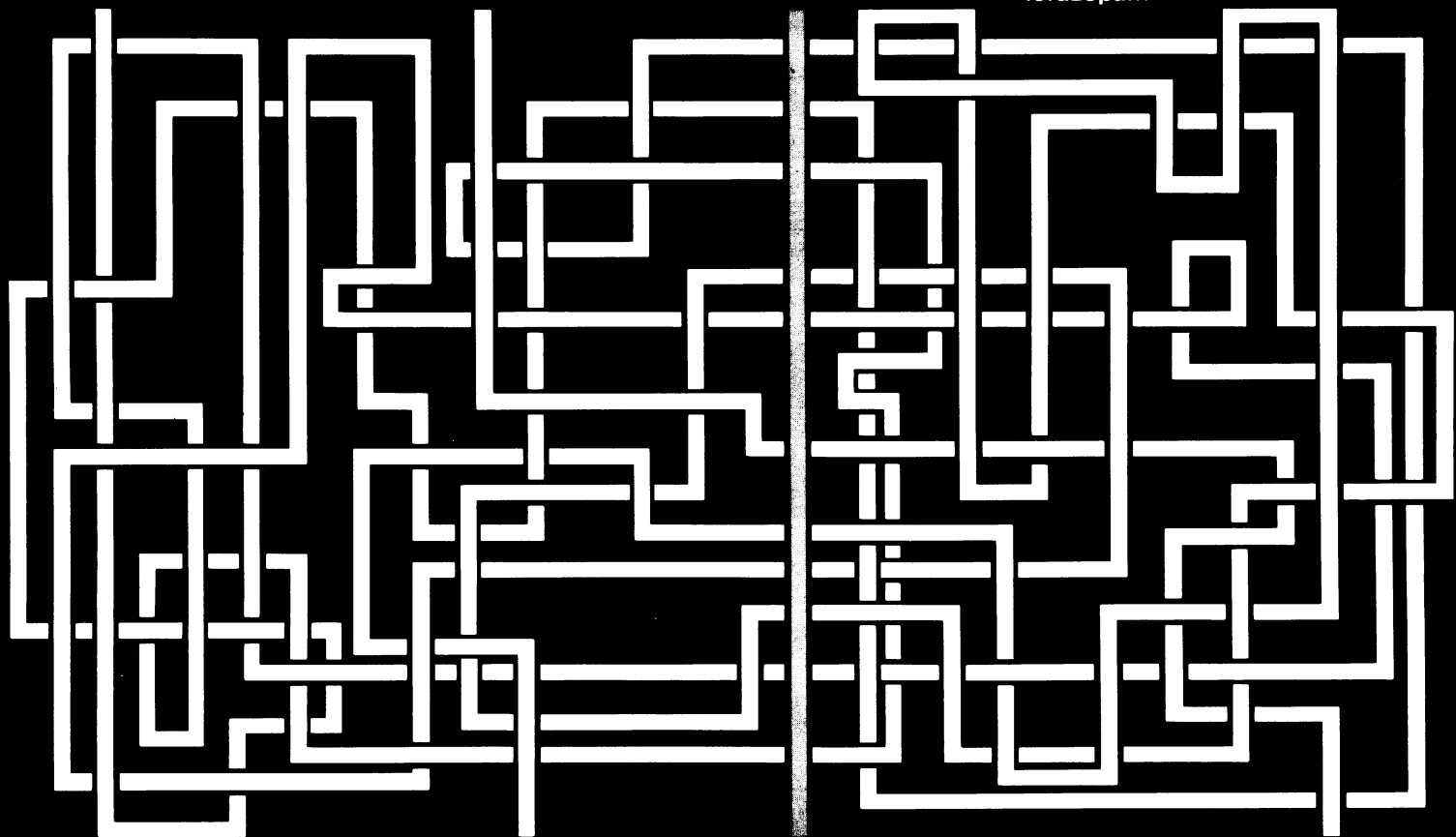


# Ativan

lorazepam



## The simple solution to the complicated problem of treating anxiety

Whenever advice alone is not enough, you can trust Ativan to relieve the symptoms of anxiety simply and effectively in a wide variety of patients. Ativan tends not to accumulate so sedative effects are less frequent than with diazepam! And its direct, one step metabolism makes it useful even in patients with impaired liver function.<sup>2</sup>

#### Prescribing Information

**Presentation:** ATIVAN is presented as blue oblong tablets each containing 1mg lorazepam, and as yellow tablets containing 2.5mg lorazepam. (Also available in injectable form). **Uses:** Mild, moderate and severe anxiety. **Dosage:** Mild anxiety: 2-3mg daily in divided doses. Moderate/severe anxiety: 5-7mg daily in divided doses. In all patients, dosage should be increased until optimal control of symptoms is achieved. **Contra-indications:** Patients sensitive to benzodiazepines. **Side-effects:** ATIVAN is well tolerated and imbalance or ataxia is an indication of excessive dosage. Daytime drowsiness may be seen initially and is to be anticipated in the effective treatment of anxiety. It will normally diminish rapidly and may be minimized in the early days of treatment by giving the larger proportion of the day's dose before retiring. Occasional confusion, hangover, headache on waking, drowsiness or dizziness, blurred vision, and nausea have also been reported. **Precautions:** As with other drugs of this type, patients should be advised that their reactions may be modified (as in handling machinery, driving etc.) depending on the individual patient's response. Tolerance to alcohol may be diminished and its consumption should be avoided. As the action of centrally acting drugs, such as phenothiazines, may be intensified, the co-prescription of these drugs should be carefully monitored as reduced dosage may be indicated. Elderly patients, or those suffering from cerebrovascular changes such as arteriosclerosis are likely to respond to smaller doses. Prolonged or excessive use of benzodiazepines may occasionally result in the development of some psychological dependence, with withdrawal symptoms on sudden discontinuation. Treatment in these cases should be withdrawn gradually. Careful usage seldom results in the development of dependence. ATIVAN tablets should not be administered during pregnancy unless in the judgement of the physician such administration is clinically justifiable. This product should be used with caution in patients with impairment of renal or hepatic function. Special care should be taken in the first three months of pregnancy. **Legal Category:** POM. **Product Licence Numbers:** 0011/0034 (1mg), 0011/0036 (2.5mg), 0011/0051 (Injection). **Basic NHS Cost:** 1mg x 100, £1.91; 2.5mg x 100, £3.03. Hospital price: As per local contract. Further information is available on request. **Wyeth Laboratories,** John Wyeth & Brother Limited, Taplow, Maidenhead, Berks. **References:** 1. Nanivadekar, A.S. et al., *Curr. Ther. Res.*, 1973, 15, 500. 2. Wilkinson, G.R. *Acta Psych. Scand. Suppl.*, 1978, 274, 56.



trade marks AT/J/38/1182



Anxiety is a perfectly normal response to stress but there are times when it gets out of hand and becomes mentally and physically disabling.

Then, a short course of drug treatment is required to help the patient to cope. New LEXOTAN is a good choice for the short-term treatment of anxiety states offering as it does advantages over its predecessor, diazepam.

LEXOTAN combines the effectiveness of diazepam with less sedation and better patient compliance.<sup>1</sup>

1. Royal College of General Practitioners' study, data on file, Roche Products Limited.

# WHEN ANXIETY GETS OUT OF PROPORTION

**NEW**

# LEXOTAN

bromazepam

## CUTS IT DOWN TO SIZE

### Prescribing Information

**Indications** Short-term treatment of anxiety and associated symptoms such as tension and agitation.

**Dosage** Dosage should be determined on an individual basis. Some patients may respond to doses as low as 1.5mg three times daily. Usual dose for mild to moderate anxiety is 3mg to 6mg three times daily. Elderly patients are more sensitive to the actions of Lexotan. The safety of Lexotan for use in the elderly has not been established and therefore its use should be avoided. **Contra-indications** Patients with known sensitivity to benzodiazepines; acute pulmonary insufficiency; respiratory depression. **Precautions** Use during pregnancy and lactation should be avoided. Patients should be

advised to avoid alcohol whilst under treatment with Lexotan. Patients' reactions, e.g. driving ability, may be modified. Sedative effects of other centrally-acting drugs may be intensified. The use of high doses of benzodiazepines, especially over prolonged periods, can sometimes lead to dependence, particularly in patients with a history of alcoholism or drug abuse. Treatment in these cases should be withdrawn gradually. **Side-effects** Drowsiness, sedation, unsteadiness and ataxia may occur. They usually disappear after the first few days of treatment or with reduction of dosage. **Presentation** Pink, hexagonal tablets containing 3mg of bromazepam in packings of 100 and 500. **Basic NHS Cost** 3mg three times daily 15p per day ex 500 pack **Product licence number** 0031/0128



Lexotan is a trade mark

# TENORETIC

atenolol 100mg & chlorthalidone 25mg

## 24 hour reliable control in hypertension

ONE TABLET  
DAILY

LOW INCIDENCE  
OF SIDE EFFECTS

A WIDE RANGE  
OF PATIENTS

### Prescribing Notes

**Uses:** In mild to moderate hypertension. **Dosage:** One tablet daily. **Contraindications:** Heart block, Isthmoplasty, failure, anaesthesia, pregnancy and gout. 'Tenoretic' is beta selective and can be used with caution in obstructive pulmonary disease. Side effects are minor and probably clinically unimportant in uncomplicated hypertension. Care should be taken in patients with hypokalaemia from other causes. In diabetes, chlorthalidone may decrease glucose tolerance. **Side Effects:** Common side effects are dizziness and muscle cramps. Sleep disturbances rarely seen. Rashes and dry eyes have been reported with beta blockers - consider discontinuing if necessary. **Precautions:** Should be gradual. With chlorthalidone, occasional nausea and diarrhoea and rarely idiosyncratic drug reactions such as leucopenia. **Pack size and Basic NHS cost:** 28 x £8.17. PL 00470139.



Full prescribing information is available on request to the Company.  
**Stuart Pharmaceuticals Limited**  
Carr House, Carr's Road, Chesham, Bucks HP8 2EG.

THE UK'S NUMBER ONE  
BETA-BLOCKER/DIURETIC  
COMBINATION

**a measurable  
difference  
in the quality of life**

[illegible]



# in anxiety in anxiety associated with depression

## the benzodiazepine with a wide therapeutic range

- effective in relieving the somatic and psychic symptoms of both anxiety and anxiety associated with depression
- excellent patient tolerance
- low incidence of side effects

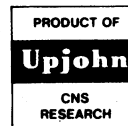
outbursts, excitement, and confusion. Other rare adverse effects including hypotension, gastrointestinal and visual disturbances, skin rashes, urinary retention, headache, vertigo, changes in libido, blood dyscrasias and jaundice have also been reported. **Dependence Potential and Withdrawal Symptoms** In general the dependence potential of benzodiazepines is low, but this increases when high dosage is attained, especially when given over long periods. This is particularly so in patients with a history of alcoholism, drug abuse or in patients with marked personality disorders. Regular monitoring of treatment in such patients is essential and routine repeat prescriptions should be avoided. Treatment in all patients should be withdrawn gradually as symptoms such as depression, nervousness, rebound insomnia, irritability, sweating and diarrhoea have been reported following abrupt cessation of treatment in patients receiving even normal therapeutic doses for short periods of time. Abrupt withdrawal following excessive dosage may produce confusion, toxic

psychosis, convulsions or a condition resembling delirium tremens. **Overdosage** Manifestations of Xanax overdosage include extensions of its pharmacological activity, namely ataxia and somnolence. Induced vomiting and/or gastric lavage are indicated. As in all cases of drug overdosage, respiration, pulse and blood pressure should be monitored and supported by general measures when necessary. Intravenous fluids may be administered and an adequate airway maintained. Animal experiments have suggested that forced diuresis or haemodialysis are probably of little value in treating overdosage. As with the management of any overdosage, the physician should bear in mind that multiple agents may have been ingested. **Pharmaceutical Precautions** Protect from light. **Legal Category** POM. **Package Quantities** Bottles of 100. **Further Information** Alprazolam is readily absorbed. Following oral administration, peak concentrations in the plasma occur after 1-2 hours. The mean half-life is 12-15 hours. Repeated dosage may lead to accumulation and this should be borne in mind in elderly

patients and those with impaired renal or hepatic function. Alprazolam and its metabolites are excreted primarily in the urine. Xanax did not affect the prothrombin times or plasma warfarin levels in male volunteers administered sodium warfarin orally. **Product Licence Numbers** 0.25 mg tablet PL 0032/0092, 0.5 mg tablet PL 0032/0093. **Basic NHS Cost** 0.25 mg tablet 3.3 pence, 0.5 mg tablet 6.5 pence.

UPJOHN LIMITED  
CRAWLEY  
WEST SUSSEX

Registered Trademark: Xanax  
UK 2013.4



# EMERGENCY BREAK GLASS



LA

*'Inderal' LA, once daily  
in hypertension and angina.*



**Propranolol Hydrochloride BP**  
**Works a 24 hour day**

Abridged prescribing information Presentation Dosage Contraindications Uses Adverse Reactions Overdosage Basic NHS cost PL No Precautions



# 4+1 *the right balance in Parkinson's disease*

## **Presentation**

Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa and 14.25mg benserazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules containing 100mg levodopa and 28.5mg benserazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules containing 200mg levodopa and 57mg benserazide hydrochloride (equivalent to 50mg of the base).

## **Indications**

Parkinsonism – idiopathic, post-encephalitic

## **Dosage**

Dosage is variable and the data sheet should be consulted for full details. The effective daily dose usually lies between four and eight capsules of Madopar 125 (two to four capsules of Madopar 250) daily in divided doses, most patients requiring no more than six capsules of Madopar 125 daily. In some elderly patients initial treatment with one capsule of Madopar 62.5 once or twice daily, increasing by one capsule every third or fourth day may suffice. Patients who experience fluctuations in response may also benefit from administration of smaller more frequent doses using Madopar 62.5.

## **Contra-indications**

Narrow-angle glaucoma, severe psychoneuroses or psychoses. It should not be given in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal, to patients under 25 years of age, to pregnant women, or to patients who have a history of, or who may be suffering from, a malignant melanoma.

## **Precautions**

Drugs which interfere with central amine mechanisms should be avoided. Endocrine, renal, pulmonary or cardiovascular disease, hepatic disorder, peptic ulcer, osteoporosis, sympathomimetic drugs, antihypertensive drugs. Patients who improve on Madopar therapy should be advised to resume normal activities gradually as rapid mobilisation may increase the risk of injury.

## **Side-effects**

Nausea and vomiting, cardiovascular disturbances, psychiatric disturbances, involuntary movements.

## **Packings**

Madopar 62.5 capsules, Madopar 125 capsules and Madopar 250 capsules in packings of 100.

## **Licence Numbers**

0031/0125 (Madopar 62.5 capsules), 0031/0073 (Madopar 125 capsules), 0031/0074 (Madopar 250 capsules).

## **Basic NHS Cost**

Madopar capsules 62.5  
£4.01 per 100  
Madopar capsules 125  
£7.23 per 100  
Madopar capsules 250  
£12.94 per 100



Roche Products Limited  
PO Box 8  
Welwyn Garden City  
Hertfordshire AL7 3AY

Madopar is a trade mark  
J522191/382



# Madopar

levodopa plus benserazide

*the original 4+1 combination  
in three dosage forms, 62.5, 125 and 250*

# Effective in acute as well as chronic conditions

Recent clinical studies<sup>1-4</sup> show Feldene is effective in acute musculoskeletal disorders.

A single daily dose of Feldene provides round-the-clock relief of pain, inflammation and stiffness.

## Feldene\*

piroxicam

\*Trade Mark

### Continuous relief with a single daily dose



Pfizer Limited  
Sandwich, Kent.

**Indications:**  
rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal disorders.

**Contraindications:**  
patients with active peptic ulceration or a history of recurrent ulceration.  
Hypersensitivity to the drug or in patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of asthma, rhinitis or urticaria.

**Warnings:**  
the safety of Feldene used during pregnancy and lactation has not yet been established. Dosage recommendations and indications for use in children have also not yet been established.

**Side Effects:**  
Feldene is generally well tolerated. Gastrointestinal symptoms are the most common, if peptic ulceration or gastrointestinal bleeding occurs Feldene should be withdrawn. As with other non-steroidal anti-inflammatory agents, oedema mainly ankle oedema has been reported in a small percentage of patients; the possibility of precipitation of

congestive cardiac failure in elderly patients or those with compromised cardiac function should therefore be borne in mind; various skin rashes have been reported.

**Dosage:**  
in rheumatoid arthritis, osteoarthritis, ankylosing spondylitis - starting dose of 20 mg as single daily dose; the majority of patients will be maintained on 20 mg daily. In acute gout, start with a single dose of 40 mg followed on the next 4-6 days with 40 mg daily in single or divided doses; Feldene is not indicated for long term management of gout. In acute musculoskeletal disorders, start with a loading dose of 40 mg daily in single or

divided doses for the first 2 days. For the remainder of the 7 to 14 day treatment period the dose should be reduced to 20 mg daily.

**Basic N.H.S. Cost:**  
capsules 10 mg coded FEL 10, pack of 60 £9.00 (PL 0057/0145). Full information on request.

**References:**  
1. Hess, H., et al., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 73.  
2. Maccagno, A., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 69.  
3. Nussdorf, R.T., Piroxicam: Proceedings of the Royal Society of Medicine, 1978, 93-95.  
4. Commandré, F., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 79.

# A fresh approach to peptic ulcers



## **Antepsin**<sup>®</sup> sucralfate

**New**  
non-systemic ulcer healer

### Prescribing Information

**Presentation** Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. **Uses** For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration** For oral administration. **Adults** - Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required

© ANTEPSIN is a registered Trade Mark.

for relief of pain. **Contra-Indications, Precautions, Warnings, etc.** **Contra-Indications** There are no known contra-indications. **Precautions** 1. Concomitant administration with some oral anti-infectives such as tetracyclines may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Antepsin should not be used in early pregnancy unless considered essential. **Side Effects** A low incidence of mild side effects, e.g. constipation, has been reported. **Legal Category** POM. **Package Quantities** Antepsin 1 gram - Securitainers of 100. **Pharmaceutical Precautions** No special

Further information is available on request to the Company.

requirements for storage are necessary. **Product Licence Numbers** PL No. 0607/0045 PA No. 149/4/2. **Basic N.H.S. Price** Average daily cost 50p



**Ayerst**  
International

Ayerst Laboratories Ltd.,  
South Way, Andover, Hampshire SP10 5LT.  
Telephone: 0264 58711.

**Distributors in Ireland:** Ayerst Laboratories Ltd.,  
765 South Circular Road, Islandbridge, Dublin 8.



## Septrin Assurance

### Prescribing Information

**Indications** Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.

**Dosage** Septrin Forte Tablets. Adults and children over 12 years: 1 forte tablet twice daily. Maximum dosage for particularly severe infections 1½ forte tablets twice daily. In acute infections Septrin should be given for a minimum of five days or until the patient has been symptom-free for two days.

**Contra-indications** Septrin is contra-indicated in

patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency.

Septrin should not be given to patients hypersensitive to sulphonamides, trimethoprim or co-trimoxazole; should not be given during pregnancy or to neonates.

**Precautions** In renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained. Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septrin to patients receiving oral anticoagulants of the coumarin group, pyrimethamine or sulphonylureas.

**Adverse Reactions** Occasionally, nausea, vomiting, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

**Presentation** Septrin Forte Tablets each contain 160 mg Trimethoprim BP and 800 mg Sulphamethoxazole BP.

Basic NHS cost £1.47 for 10. PL3/0121.

## Septrin<sup>\*</sup> Forte 1b.d. co-trimoxazole

Further information is available on request.  
Wellcome Medical Division  
The Wellcome Foundation Ltd., Crewe, Cheshire



<sup>\*</sup>Trade Mark

The fast, simple and  
promote peptic

# and specific way to ulcer healing



**80% ulcers healed in one month<sup>1</sup>**

Rapid relief of pain, rapid healing of the ulcer.

**No dosage simpler in peptic ulcer treatment**

Specifically developed as b.d. treatment.

**The benefits of highly specific H<sub>2</sub> blockade**

Zantac treatment has not been shown to affect the central nervous system,<sup>1,2</sup> to exert anti-androgenic effects,<sup>3</sup> or to cause drug interaction.<sup>4</sup>

# Zantac

RANITIDINE

**A British advance from Glaxo**

**Photographic evidence** Using autoradiographical techniques it has been shown that Vibramycin penetrates bronchial pathogens in just one day.

A specimen of bronchial tissue was taken one day after starting treatment with Vibramycin. The slide below shows the presence of Vibramycin in a *Haemophilus influenzae* cell taken from this tissue.

**Clinical success** The recent evidence correlates well with Vibramycin's clinical success in chronic bronchitis . . . "79% of the infections treated with doxycycline (Vibramycin) were rated by the investigator to have responded with marked to moderate improvement." <sup>2</sup>

# VIBRAMYCIN<sup>\*</sup> PENETRATES doxycycline BRONCHIAL PATHOGENS IN ONE DAY.<sup>1</sup>



THE PROOF.

Electron micrograph  
(coloured through image tone enhancement technique)

#### **PRESCRIBING INFORMATION:**

**Indications:** Infections due to susceptible strains of micro-organisms including bronchitis, sinusitis and other respiratory infections. **Dosage:** Capsules: Two capsules (200mg) on the first day, taken as a single dose, preferably with a meal. Thereafter, one capsule (100mg) daily. In severe infections two capsules (200mg) daily may be given. Vibramycin-D Dispersible Tablets: Two dispersible tablets (200mg) on the first day, taken as a single dose. Thereafter, one dispersible tablet (100mg) daily. The tablets should be stirred in half a glass of water until dispersed. In severe infections two dispersible tablets (200mg) daily may be given. Syrup: For detailed dosage recommendations, see data sheet. **Side effects and precautions:** Nausea and vomiting are the side effects most commonly reported. Staining of teeth is a possible sequel of treatment in the latter half of pregnancy or in early childhood (up to the age of eight years). **Contra-indications:** Hypersensitivity to tetracyclines. **Packaging:** Vibramycin is available as opaque green capsules each containing 100mg of doxycycline as the hydrochloride, in packs of 10 and 50. Vibramycin-D dispersible tablets are available as off-white tablets each containing 100mg of doxycycline as the monohydrate, in packs of 10. Vibramycin is also available as a syrup, in bottles of 30ml. Each 5ml spoonful contains the equivalent of 50mg of doxycycline as the calcium chelate. **Basic N.H.S. Cost:** Capsules 100mg (PL57 5059), pack of 10, £5.48; Dispersible tablets 100mg (PL57 0188), pack of 10, £6.48; Syrup 30ml (PL57 5060), bottle £1.72. **References:** 1. Liss R.H. (1981). Data on file. 2. Chadosh S. Respiratory Infections. Postgraduate Medicine Communications (1981) 30-38. Further information is available on request to the Company: Pfizer Limited, Sandwich, Kent.

\*Trademark  
20490

**Pfizer**

# 3 levels of management with Ventolin

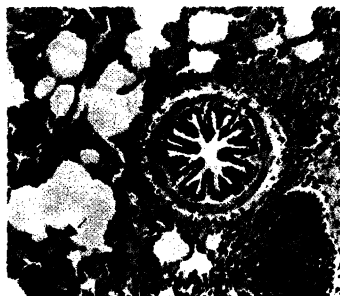
## 1. For the patient who suffers episodic attacks – Inhaled Ventolin when necessary.

For those patients suffering only infrequent and episodic attacks of asthma, Inhaled Ventolin when necessary, is often all that is required. Used at the onset of an attack of bronchospasm, Inhaled Ventolin provides rapid and sustained relief of symptoms. Patients waking with early morning breathlessness will also benefit from the rapid onset of action.

And taken before exertion, Ventolin provides protection against exercise-induced asthma.

## 2. For the patient who requires prophylactic bronchodilator therapy – Inhaled Ventolin four times daily.

Routine bronchodilator therapy is indicated when asthmatic attacks become more frequent. The long duration of action of Inhaled Ventolin means that continuous protection against bronchospasm can be maintained on a four times daily dosage schedule.



Cross-section of bronchiole illustrating bronchospasm due to contraction of respiratory smooth muscle.

**VENTOLIN PRESCRIBING INFORMATION** Uses Routine control of bronchospasm in bronchial asthma, bronchitis and emphysema, or as required to relieve attacks of acute bronchospasm. Doses may also be taken before exertion to prevent exercise-induced asthma or before exposure to a known unavoidable challenge. **Dosage and administration** As single doses for the relief of acute bronchospasm, for managing intermittent episodes of asthma and to prevent exercise-induced bronchospasm. **Using Ventolin Inhaler** – Adults: one or two inhalations. **Children:** one inhalation increasing to two if necessary. **Using Ventolin Rotacaps** – Adults: one Ventolin Rotacap 200mcg or 400mcg. **Children:** one Ventolin Rotacap 200mcg. **For chronic maintenance or prophylactic therapy.** **Using Ventolin Inhaler** – Adults: two inhalations three or four times a day. **Children:** one inhalation three or four times a day increasing to two inhalations if necessary. **Using Ventolin Rotacaps** – Adults: one Ventolin Rotacap 400mcg three or four times a day. **Children:** one Ventolin Rotacap 200mcg three or four times a day. For optimum results in most patients inhaled Ventolin should be administered regularly. **Contra-indications** Ventolin preparations should not be used for the prevention of threatened abortion during the first or second trimester of pregnancy. **Precautions** If a previously effective dose of inhaled Ventolin fails to give relief lasting at least three hours, the patient should be advised to seek medical advice. Ventolin should be administered cautiously to patients suffering from thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. **Side effects** No important side effects have been reported following treatment with inhaled Ventolin. **Presentation and Basic NHS cost** Ventolin Inhaler is a metered-dose aerosol delivering 100mcg Salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £3.00. Ventolin Rotacaps 200mcg and 400mcg, each contain a mixture of the stated amount of microfine Salbutamol BP (as sulphate), and larger particle lactose in light blue/colourless or dark blue/colourless hard gelatine cartridges, respectively. Containers of 100. Basic NHS cost £5.29 and £7.15, respectively. Ventolin Rotacaps for use in conjunction with Ventolin Inhalers. Basic NHS cost 78p. **Product licence numbers** Ventolin Inhaler 0045/5022. Ventolin Rotacaps 200mcg 0045/0116. Ventolin Rotacaps 400mcg 0045/0117.



Becotide, Rotacap, Rotahaler and Ventolin are trade marks of Allen & Hanburys Limited. Further information on Becotide and Ventolin is available from: Allen & Hanburys Limited, Greenford Middlesex UB6 0HB.

# ement in asthma and Becotide

### 3. For the patient with asthma involving inflammatory changes, add regular Inhaled Becotide.

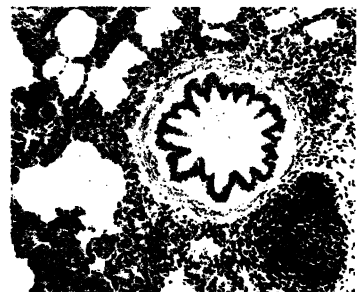
The first sign of deterioration in asthma is often a waning response to bronchodilators brought about by inflammatory changes within the lungs. At this stage specific anti-inflammatory therapy is essential.

The early addition of Inhaled Becotide is indicated to control the inflammatory process, to restore lung function and the response to bronchodilators. The regular administration of Inhaled Becotide and Inhaled Ventolin will maintain lung function and prevent further deterioration in the condition of many of these patients.

Inhaled Ventolin  
and Becotide –  
a rational basis  
for prescribing  
in asthma

**BECOTIDE PRESCRIBING INFORMATION** Uses Bronchial asthma especially in patients whose asthma is not adequately controlled by bronchodilators and patients with severe asthma who would otherwise be dependent on systemic corticosteroids or adrenocorticotrophic hormone (ACTH) or its synthetic equivalent. **Dosage and administration** Using Becotide Inhaler. Adults, two inhalations three or four times a day is the usual maintenance dose. In severe cases dosage may be started at twelve to sixteen inhalations per day and subsequently reduced when the patient begins to respond. Alternatively, the total daily dose may be administered as two divided doses. Children, one or two inhalations, two, three or four times a day according to the response. Using Becotide Rotacaps. Adults, one 200mcg Becotide Rotacap three or four times a day is the usual maintenance dose. Children, one 100mcg Becotide Rotacap two, three or four times a day according to the response. For optimum results inhaled Becotide should be administered regularly. **Contra-indications** No specific contra-indications to inhaled Becotide are known but special care is necessary in patients with active or quiescent pulmonary tuberculosis. **Precautions** The maximum daily intake of Beclomethasone Dipropionate BP should not exceed 1mg. Inadequate response after the first week of inhaled Becotide therapy suggests that excessive mucus is preventing penetration of inhaled drug to the target area. A short course of systemic steroid in relatively high dosage should be given and therapy with inhaled Becotide continued. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. When transferring patients to Becotide from systemic steroid therapy the possibility of adrenocortical suppression should be considered and patients given a supply of oral steroids for use during periods of stress. Please refer to the detailed procedure described in the data sheets for Becotide Inhaler and Becotide Rotacaps. **Side effects** Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of *Candida precipitans*. Topical therapy with antifungal agents usually clears the condition without withdrawal of Becotide. **Presentation and Basic NHS cost** Becotide Inhaler is a metered dose aerosol delivering 50mcg Beclomethasone Dipropionate BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £4.77. Becotide Rotacaps 100mcg and 200mcg, each contain a mixture of the stated amount of microfine Beclomethasone Dipropionate BP and larger particle lactose in buff or chocolate-brown/colourless hard gelatine cartridge's, respectively. Containers of 100. Basic NHS cost £7.26 and £9.67 respectively. Becotide Rotacaps, for use in conjunction with Becotide Rotacaps. Basic NHS cost 78p. **Product licence numbers** Becotide Inhaler 0045/0089, Becotide Rotacaps 100mcg 0045/0119, Becotide Rotacaps 200mcg 0045/0120.

Cross-section of  
bronchiole illustrating  
bronchospasm  
complicated by the  
inflammatory  
components,  
bronchial mucosal  
oedema and  
hypersecretion of  
mucus.



# "Tricyclics are extremely dangerous drugs when taken in overdose"

Hollister, L. E., (1981), *Drugs*, 22, 129-152.

## PRESCRIBING INFORMATION

### Indications

Symptoms of depressive illness.

### Adult Dosage

For the first few days, 30-40mg/day as a single bed-time dose, or in divided doses. Effective maintenance dosage normally lies between 30mg and 90mg a day. Elderly: initially no more than 30mg a day; thereafter increase with caution under close supervision.

### Pregnancy

Do not use unless there are compelling reasons.

### Contra-indications

Mania; severe liver disease; during breast feeding.

### Precautions

Monitor patients carefully during first 2-4 weeks of antidepressant therapy. Avoid, if possible, in patients with epilepsy. Monitor patients on concurrent antihypertensive therapy, phenytoin or anticoagulants. Do not use with, or until 2 weeks after cessation of, MAOI therapy. Norval may potentiate the central nervous depressant action of alcohol. Care should always be exercised when treating the following: the elderly; suicidal patients; patients with diabetes, hepatic or renal insufficiency, recent or acute myocardial disease. Monitor patients with narrow angle glaucoma or symptoms suggestive of prostatic hypertrophy, even though anticholinergic side-effects are not anticipated with Norval therapy.

### Side-effects

Drowsiness may occur initially; alcohol and activities which demand constant alertness should be avoided. Serious adverse effects are uncommon. A small number of cases of bone marrow depression, generally reversible on stopping treatment, have been reported; if a patient develops symptoms of infection, treatment must be stopped and a full blood count obtained. Jaundice (usually mild), hypomania and convulsions have been reported: discontinue treatment under such circumstances. Breast disorders (gynaecomastia, nipple tenderness and non-puerperal lactation), dizziness, postural hypotension, polyarthropathy, skin rash, sweating and tremor may also occur.

### Overdosage

There is no specific antidote. Treatment is by gastric lavage with appropriate supportive therapy. Symptoms of overdosage are normally confined to prolonged sedation. Cardiac arrhythmias, severe hypotension, convulsions and respiratory depression are unlikely to occur.

### Availability and NHS price

10mg, 20mg and 30mg mianserin hydrochloride tablets. Basic NHS cost per day (30mg dosage) is 21p (price correct at time of printing).

### References

1. Crome, P. and Newman, B., (1979), *Postgrad. med. J.*, 55, 528-532.
2. O.P.C.S., (1979), London.
3. Chand, S., Crome, P. and Dawling, S., (1981), *Pharmakopsych.*, 14, 15-17.



Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some 10,000 hospital admissions<sup>1</sup> and 400 deaths<sup>2</sup> per annum—a tragic waste of human life on a scale equivalent to one death every day.

Norval is an effective antidepressant which, in contrast to the tricyclics, has a high safety margin in overdose.<sup>3</sup> In the treatment of depressed patients, where the possibility of deliberate or accidental self-poisoning cannot easily be ruled out, the difference between Norval and the tricyclics can be life-saving.

# Norval

mianserin hydrochloride

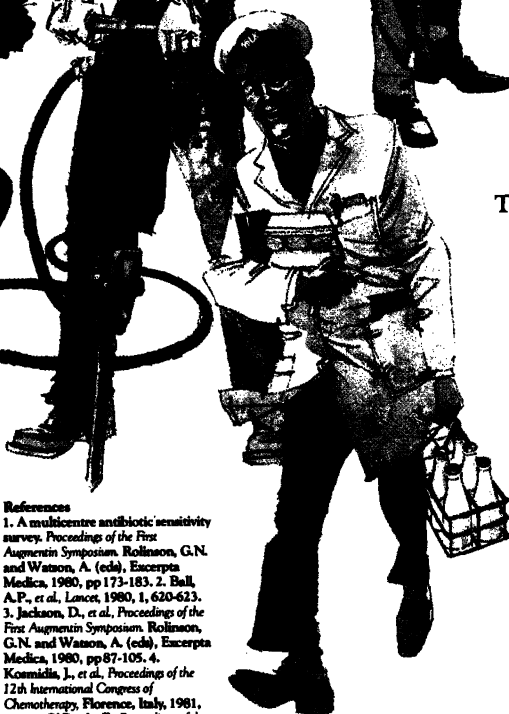
## Effective in depression without tricyclic overdose risks.

 **Bencard**

Further information is available from Bencard, Brentford, Middlesex TW8 9BD.  
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14270(1) Oct 1982

# Everyday chest infections deserve Augmentin



because of its...

Superior spectrum of activity  
Other oral antibacterials - including tetracycline, amoxycillin, erythromycin, co-trimoxazole and cephalosporin - cannot match the consistent and reliable activity of Augmentin against the common (and many of the not so common) respiratory pathogens.<sup>1</sup>

Excellent absorption,<sup>2,3</sup> rapid penetration to the site of infection  
Augmentin achieves effective bactericidal levels in both purulent and mucoid sputum after only one hour.<sup>4</sup>

Consistently reliable tissue levels  
When Augmentin is administered, consistently high levels of active antibiotic are maintained in the sputum and tissues throughout a course of treatment, since Augmentin is unaffected by bacterial enzymes which can inactivate other penicillins and cephalosporins at the site of infection.

Safety and tolerance  
Augmentin is well tolerated,<sup>5</sup> as would be expected from a penicillin based therapy.

These are all good reasons why Augmentin is so appropriate for the range of chest infections which you will deal with everyday.

**References**  
1. A multicentre antibiotic sensitivity survey. Proceedings of the First Augmentin Symposium. Rollinson, G.N. and Watson, A. (eds), Excerpta Medica, 1980, pp 173-183. 2. Ball, A.P., et al, *Lancet*, 1980, 1, 620-623. 3. Jackson, D., et al, Proceedings of the First Augmentin Symposium. Rollinson, G.N. and Watson, A. (eds), Excerpta Medica, 1980, pp 87-105. 4. Kozmidis, J., et al, Proceedings of the 12th International Congress of Chemotherapy, Florence, Italy, 1981, 591. 5. O'Grady, F., Proceedings of the Second Augmentin Symposium. Leigh, D.A. and Robinson, O.P.W. (eds), Excerpta Medica, 1981, p 244.



Beecham Research  
Laboratories  
Brentford, England.

#### Prescribing Information

**Uses:** Respiratory tract, genito-urinary tract, skin and soft tissue infections. **Dosage:** Adults and children over 12 years of age: One Augmentin or Augmentin Dispersible Tablet (375mg) three times a day. In severe infections dosage may be doubled. Treatment with Augmentin should not be extended beyond 14 days without review. For use in younger children: see data sheet. **Contraindications:** Penicillin hypersensitivity. **Precautions:** Safety in human pregnancy is yet to be established, although high dose animal studies show no teratogenicity. Dosage need not be reduced in patients with renal impairment, unless the condition is severe enough to require dialysis. **Side-Effects:** As with other penicillins, these are uncommon and mainly of a mild and transitory nature, and include diarrhoea, indigestion, nausea, vomiting and candidiasis. If gastro-intestinal side-effects occur they may be reduced by taking Augmentin at the start of meals. Erythematous and urticarial rashes sometimes occur but their incidence has been particularly low in clinical trials. Treatment should be discontinued if either type of rash appears. **Availability and Basic NHS Prices:** (Prices correct at time of printing). Augmentin Tablets and Augmentin Dispersible Tablets, each containing potassium clavulanate (equivalent to 125mg clavulanic acid) with amoxycillin trihydrate (equivalent to 250mg amoxycillin). ▼ Augmentin Tablets (bottles of 30, 100) Cost per tablet - 29p. PL0038/0270. ▼ Augmentin Dispersible Tablets (foil wrapped 30, 90). Cost per tablet - 32½p. PL0038/0272.

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isosorbide dinitrate



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restores  
the balance  
between  
coronary  
oxygen  
demand  
and supply  
for  
prolonged  
periods  
from

one  
capsule  
*b.d.*

### Prescribing information

**Presentation** Isordil Tembids capsules, containing isosorbide dinitrate 40mg in a sustained release formulation, are gelatin capsules with a colourless, transparent body and opaque blue cap for oral administration.

**Uses** Prophylaxis of angina pectoris.

**Dosage and Administration** Usual dosage — one Tembids capsule twice a day. Maximum recommended dose — one Tembids capsule three times a day.

**Contra-Indications, Warnings, etc.**

**Contra-Indications** Idiosyncrasy to this drug.

**Precautions** Tolerance to this drug, and cross-tolerance to other nitrates, and nitrites may occur.

**Side Effects** Side effects due to Isordil are common to all nitrates used for the treatment of angina pectoris.

1. Cutaneous vasodilation with flushing.
2. Headache is common and in some patients may be severe and persistent. Analgesics have been useful in some cases.

3. Transient episodes of dizziness and weakness and other signs of cerebral ischaemia associated with postural hypotension may occur.

4. This drug can act as a physiological antagonist to noradrenaline, acetylcholine, histamine and many other agents.

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Product Licence Number: PL0607/0041 PA 149/7/4



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**The original chlorpropamide for maturity onset diabetes.**

**INDICATIONS:** maturity-onset, non-ketotic diabetes mellitus uncontrolled by diet alone. **CONTRA-INDICATIONS:** pregnancy; impairment of hepatic, renal or thyroid function; juvenile or growth-onset diabetes mellitus; severe, unstable 'brittle' diabetes; diabetes complicated by ketosis, acidosis, diabetic coma, surgery, infection, severe trauma.

**PRECAUTIONS:** care should be taken to prevent hypoglycaemic reactions, particularly during the transition from insulin to the oral drug; also when other compounds are used concomitantly with Diabinese. **ADVERSE**

**REACTIONS:** mostly dose related; they include anorexia, nausea, vomiting, epigastric discomfort. Certain

idiosyncratic and hypersensitivity reactions have occurred, including jaundice and skin eruptions. **DOSAGE:** range 100 mg to 500 mg daily. Mild to moderately severe, middle-aged stable diabetic patients should be started on 250 mg daily. Subsequent dosage may be adjusted upwards and downwards by 50 mg to 125 mg at intervals of 3 to 5 days to obtain optimal control. Geriatric patients should be started on 100 mg daily. **BASIC N.H.S. COST:** 100 mg tabs (Prod. Lic. No. 0057/5015), pack of 100, £3.04, 250 mg tabs (Prod. Lic. No. 0057/5016), pack of 100, £6.68. Further information available on request to the Company.



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# THE MSD FOUNDATION

## **Audiovisual Programmes for General Practitioner Training**

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Our catalogue contains details of programmes for use with small groups in general practitioner training. They include:

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| 1. Defining the reason for attendance. | 5. Involving the patient in management.        |
| 2. Considering other problems.         | 6. Using time and resources appropriately.     |
| 3. Choosing appropriate actions.       | 7. Establishing or maintaining a relationship. |
| 4. Sharing the doctor's understanding. |  |

The four programmes are a framework for group discussion of these tasks, using extracts from real general practice consultations. The group leader's workbook contains suggestions for incorporating the group's own recorded consultations in the work during the session.

Videocassettes are available for sale on U-matic, VHS, Philips 1500 or Betamax formats, and the average cost is about £20-£25. Tape/slide programmes cost about £30 per session.

Further information, and catalogue, can be obtained by writing to:

**The MSD Foundation  
Tavistock House  
Tavistock Square  
London WC1  
Tel: 01-387 6881**

# CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Production Department, *The Journal of the Royal College of General Practitioners*, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received six weeks before the 1st of the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue.

The charge for space in this section is £5.75 per single column centimetre, plus 25p if a box number is required. Fellows, members and associates of the Royal College of General Practitioners may claim a 10 per cent reduction. Replies to box numbers should be sent to the Production Department, Update Publications Ltd., with the box number on the envelope.

The inclusion of an advertisement in this *Journal* does not imply any recommendation and the Editor reserves the right to refuse any advertisement. All recruitment advertisements in this section are open to both men and women.

Opinions expressed in *The Journal of the Royal College of General Practitioners* and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

## THE LONDON HOSPITAL, WHITECHAPEL E1 1BB TOWER HAMLETS HEALTH AUTHORITY

### THE EAST LONDON GENERAL PRACTITIONER VOCATIONAL TRAINING SCHEME IN CONJUNCTION WITH THE LONDON HOSPITAL

Applications are invited for the four posts in this scheme, starting on 1 August 1983. Each trainee will be invited to spend initially one month in general practice, two years rotating in posts at The London Hospital, and finally one year in general practice. The hospital posts include six months in obstetrics and gynaecology, six months in geriatrics, three months general medicine, three months in the emergency and accident department and either six months in paediatrics or six months in psychiatry. A half-day release course is held at the East London Postgraduate Centre, Bethnal Green. Applicants will be welcome to visit the training practices.

Further details may be obtained from: the **Course Organizer, Dr B. T. Harris, Steels Lane Health Centre, 384-398 Commercial Road, London E1** or from the **Medical Staffing Officer, The London Hospital, Whitechapel E1 1BB**.

Applications in the form of six copies of your curriculum vitae, giving the names and addresses of two referees, should be received by 26 March 1983 and addressed to the Medical Staffing Officer, The London Hospital, Whitechapel E1 1BB.

## ROYAL COLLEGE OF GENERAL PRACTITIONERS MRCGP EXAMINATIONS

The dates for the next MRCGP examinations are as follows:

### *May/July 1983*

Written papers: Tuesday 17 May 1983.

Orals: In Edinburgh during the week ending 2 July and in London during the week ending 9 July 1983.

Closing date: Thursday 17 March 1983.

### *October/December 1983*

Written papers: Tuesday 1 November 1983.

Orals: In Edinburgh and London during the week ending 17 December 1983.

Closing date: 8 September 1983.

The written papers will be held in London, Birmingham, Leeds, Manchester, Exeter, Newcastle, Edinburgh, Aberdeen, Cardiff, Belfast and Dublin. These and other centres may be used as required, subject to a minimum (and in some centres maximum) number of candidates.

It may be necessary to limit the total numbers and candidates are therefore advised to apply well in advance of the closing dates. The application fee is as follows:

	<u>1983</u>
Application fee	£140.00
Re-application fee	£105.00

Candidates withdrawing from the examination after the closing date for applications forfeit 40 per cent of the full fee.

Candidates are advised that the number of questions in the multiple choice paper has been reduced to 60.

Application forms and further information may be obtained from: **The Examination Administrator, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 01-581 3232.**

### **PARTNERSHIP OFFERED IN WEST GLAMORGAN**

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**PASTEST**

### **ROYAL COLLEGE OF GENERAL PRACTITIONERS ICI FELLOW**

Applications are invited for this post, made possible through the generosity of ICI Pharmaceuticals Division, which will be concerned with the introduction and application of computers in general practice.

The work will involve assessing developments in the field of computers and holding meetings to inform general practitioners of these developments and of their implications.

Applicants should be general practitioners, or other medical or nonmedical graduates who are very familiar with British general practice, and have some personal experience of data processing. They should be able to communicate clearly both to the committed and the uncommitted on the use of computers in general practice.

The appointment will be part time (three sessions per week) with remuneration around £6,000 per annum and is intended to commence on 1 April 1983. The initial appointment will be for one year with the possibility of extension for a second year.

Applications with CV should be submitted not later than 20 February 1983 to the: **Honorary Secretary, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU**. Short-listed candidates will be interviewed on 9 March 1983.

### **LEICESTERSHIRE HEALTH AUTHORITY (T) VOCATIONAL TRAINING FOR GENERAL PRACTICE**

Applications are invited for 12 places on the Leicester Vocational Training Scheme which has a close liaison with the Department of Community Health at the University of Leicester Medical School.

The course commences on 3 October 1983 for the complete three-year programme which includes an introductory three-month appointment in a training practice, successive six-month appointments as Senior House Officers in four hospital posts, and a final nine-month appointment in the original training practice.

A wide variety of hospital posts relevant to general practice are available from which candidates will be offered a selection, including general medicine, paediatrics, geriatrics, obstetrics, psychiatry, accident and emergency, ophthalmology, dermatology and ENT. A half-day release course is held throughout for the MRCGP, DCH, and DRCOG.

Further details, a copy of the booklet 'The Leicester Vocational Training Scheme' and an application form can be obtained from: **the Scheme Supervisor, Dr Judith Millac, c/o Mrs Jeanne Emberson, Department of Community Health, Clinical Sciences Building, Leicester Royal Infirmary, Infirmary Square, Leicester, LE1 5WW**. Closing date for applications is 3 March 1983.

### **PRESCRIBING IN GENERAL PRACTICE**

Prescribing in general practice is not just a matter of choosing between drugs and knowing their clinical indications and adverse effects. The decision whether to prescribe or not and the significance of such factors as doctors' and patients' expectations, customs, and problems of dependence are just as important.

*Prescribing in General Practice* is a report from the Medical Sociology Research Centre at the University of Swansea, Wales. It comprises a number of essays which include a considerable amount of factual information about the pattern of prescribing of general practitioners in Britain.

*Prescribing in General Practice*, published as a supplement to the *Journal of the Royal College of General Practitioners*, is available from the Publications Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.00 including postage. Payment should be made with order.

# Vocational Training for General Practice

## Exeter Health Authority/ University of Exeter

Applications are now invited for four places starting on 1 November 1983, for the vocational training scheme of the Department of General Practice in the

Postgraduate Medical School of the University of Exeter. The course is designed and recognized for the MRCGP examination.

The four programmes are:

- |  |   |
|--|---|
| <p><b>A</b> General practice (two months)<br/>Accident and emergency (six months)<br/>Paediatrics (six months)<br/>Psychiatry (six months)<br/>Geriatrics (six months)<br/>General practice (ten months)</p>   | <p><b>B</b> General practice (two months)<br/>Paediatrics (six months)<br/>Psychiatry (six months)<br/>Medicine and dermatology (six months)<br/>Community medicine/paediatrics (six months)<br/>General practice (ten months)</p>            |
| <p><b>C</b> General practice (two months)<br/>Psychiatry (six months)<br/>Geriatrics (six months)<br/>Paediatrics (six months)<br/>Medicine and dermatology (six months)<br/>General practice (ten months)</p> | <p><b>D</b> General practice (two months)<br/>Geriatrics (six months)<br/>Medicine and dermatology (six months)<br/>Community medicine/paediatrics (six months)<br/>Accident and emergency (six months)<br/>General practice (ten months)</p> |

Due to changes in the hospital rotation, it will be necessary for all trainees to do one extra month in a particular hospital post. This means that the whole course will be three years and one month.

Throughout the three years a half-day release course is held: trainees participate actively in the planning of the course and there is emphasis on small-group work. Additional courses are available for trainees and include an introductory course for each intake, an intensive MRCGP course, and a course on management in general practice.

Research work particularly relevant to general practice is encouraged throughout the course and articles are regularly published by Exeter trainees. The Marwood prize and the Syntex award are open to Exeter trainees annually.

The Department's prospectus is available on request and the principles underlying the

teaching have been published as *Occasional Paper 4—A System of Training for General Practice* (available from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU). The department's practice management course has been expanded into a book, *Running a Practice*, published by Croom Helm, London, and one of the senior lecturers has written the book *Training for General Practice* (Macdonald and Evans).

This is the only university department of general practice in a postgraduate medical school in the British Isles.

Application forms can be obtained by writing to: **Dr K. J. Bolden, FRCGP, Department of General Practice, Postgraduate Medical Centre, Barrack Road, Exeter EX2 5DW.** The closing date for entry is Monday, 21 February 1983.



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Burinex tablets

combine strength with

gentleness for more refractory oedema

Burinex injection

fast powerful action for emergencies

**Formulations** Burinex Injection: 0.5 mg/ml in 2 ml, 4 ml and 10 ml ampoules. Burinex Tablets: 1 mg and 5 mg. Burinex K: 0.5 mg bumetanide, 7.7 mmol slow release potassium chloride. **Indications** Acute pulmonary oedema and oedema of cardiac, renal or hepatic origins. **Dosages** Burinex Injection: Initially 1-2 mg i.v., if necessary repeated at 20 minute intervals to achieve desired response. Where appropriate higher doses may be given by infusion over 30-60 minutes. Burinex Tablets: Most patients require 1 mg Burinex daily as morning or evening dose. In refractory cases dosage can be increased to achieve the desired response. For high dose treatment 5 mg Burinex should be given initially and increased by 5 mg steps at 12-24 hour intervals until desired response is achieved. Burinex K: Most patients require 2 tablets Burinex K daily. **Contra-indications, Precautions and Side Effects** Contra-indicated in hepatic coma, severe electrolyte depletion and severe progressive renal failure. Hypokalaemia and circulatory collapse may follow inappropriately excessive diuresis. Concurrent digitalis therapy in association with electrolyte disturbances may lead to digitalis toxicity. Concurrent antihypertensive or antidiabetic therapy may require adjustment. Caution should be exercised in the first trimester of pregnancy. Burinex K is contra-indicated in combination with potassium sparing agents. Burinex K should be stopped immediately if signs or symptoms of bowel ulceration appear. Side effects such as skin rashes, muscular cramps, rises in serum uric acid and thrombocytopenia may rarely occur. **Product Licence Numbers:** Burinex Injection: 0043/0060 Burinex Tablets: 0043/0021, 0043/0043 Burinex K: 0043/0027B **Basic N.H.S. Prices** Burinex Injection: 0.5 mg/ml - 5 x 4 ml £3.34 Burinex Tablets: 1 mg - 100 tabs £4.74 Burinex K: 100 tabs £3.24

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